

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008664

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 23 1962

318

1003

1667

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4222 E. Margaretta</i>		d. STREET ADDRESS (If outside, give location) <i>4222 E. Margaretta</i>	
3. NAME OF DECEASED (Type or print) First <i>Vivian</i> Middle <i>Sanders</i> Last		4. DATE OF DEATH Month <i>Feb.</i> Day <i>6</i> Year <i>1962</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>2-13-1914</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Unknown</i>	11. BIRTHPLACE (City and state or country) <i>Pine Bluff, Ark.</i>
13a. FATHER'S NAME <i>Charlie Sanders</i>		13b. MOTHER'S MAIDEN NAME <i>Mary F. Watson</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <i>no</i> or unknown) (If yes, give <i>no</i> or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>Mary Mollette 4222 E. Margaretta</i>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Traumatic subdural hemorrhage. Apparently</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <i>suffered in fall to sidewalk at 4222 E Margaretta on or about 2-6-62 - accident</i> DUE TO (b) <i>suffered in fall to sidewalk at 4222 E Margaretta</i> DUE TO (c) <i>on or about 2-6-62 - accident</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <i>?</i> a.m. <i>?</i> p.m. <i>?</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>see above</i>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>side walk</i>	
20f. CITY, TOWN, OR LOCATION <i>St. Louis, Mo</i>		COUNTY <i>Mo.</i> STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>7:45 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <i>Heleen L. Taylor, Coroner</i>		22b. ADDRESS <i>1300 Clark Ave.</i>	
22c. DATE SIGNED <i>2-7-62</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>12 Jan 1962</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>	
24. FUNERAL DIRECTOR <i>E. G. Jones</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 9 1962</i>	
26. REGISTRAR'S SIGNATURE <i>Loan Smith. M.D.</i>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Oliver E. Cumber, Student Embalmer No. 682

working under my personal supervision.

Student Oliver E. Cumber  
Signature of Student Embalmer

Signed William Blackman

Licensed Embalmer No. 3462

P. O. Address 1221 N. Grand Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.